**Camp Director: Brian Bedard**

Bedard has been a track coach at Colorado State for 25 years. He was honored as the Mountain Regional and NCAA Division I Assistant Coach of the Year in 2005. He has coached 54 conference champions, 33 All American performances, two national champions, and two USA Olympic Team qualifiers. All of the school records in the throws have come during Bedard’s tenure.

Standout throwers of Bedard include: 2007 All American Jason Schutz (199” discus); 2008 Olympian and 2005 NCAA hammer throw national champion Loree Smith (187” discus; 56’ shot), 6-time All-American; 5-time All-American Shelly Borrman (198’ discus); two-time Olympian (2004, 2008) and 4-time All-American Casey Malone (224’ discus); 2001 NCAA discus runner-up Liz Toman (184”); and Drew Loftin, the 2003 NCAA indoor runner-up in the weight throw and outdoor runner-up in the hammer (71’ weight, 233’ hammer).

**CSU Throws Camp**

Colorado State Throws Camp offers athletes an opportunity to gain an understanding of the technique involved in both the shot put and discus. The camp will offer specific skill instruction and demonstrations by qualified staff and current Ram student-athletes. Coaches are encouraged to observe and ask questions during the camp to further develop coaching techniques.

**Camp Schedule**

Day 1 - July 19:
- 9:00 – 9:30: Check-in at J.C. Track
- 9:30 – 9:45: Camp Introductions
- 9:45 -10:30: Lecture & Demo: Shot / Discus
- 10:30-12:00: Warm-up / Throwing session
- 12:00-1:00: Lunch Break
- 1:30-2:00: Lecture / Warm-up
- 2:00-2:30: Technique Breakdown / Drill Work
- 2:30-4:00: Throwing Session / Coaching
- 4:00: Day 1 Camp Ends
- 6:00: Classroom Session
- Lifting/Throwing Technique

Day 2 - July 20:
- 9:00 – 9:30: Warm-up / Flexibility Work
- 9:30 -10:30: Lecture & Demo: Shot / Discus
- 10:30-12:00: Throwing Session / Coaching
- 12:00-1:00: Lunch Break
- 1:30-2:00: Lecture / Warm-up
- 2:00-2:30: Technique Breakdown / Drill Work
- 2:30-4:00: Throwing Session / Coaching
- 4:00: Day 2 Picture / Camp Ends

Housing arrangements will be the responsibility of each camper. For hotel & restaurant information, please visit: [www.csurams.com](http://www.csurams.com)

**REGISTRATION**

On-Line Registration:

http://ramcamps.colostate.edu

Name:

Address:

City/State/Zip:

Home Phone #:

E-mail:

High School Name:

Graduation Year:

Event(s):

T-Shirt Size - Circle One (Adult Sizes)

S     M      L     XL     XXL      XXXL

Cost to Attend:

Athletes - $150  Coaches - $30

Register on-line or return before July 4, 2014. Late registrations will not be guaranteed a T-shirt.

Make checks payable & mail to CSU Throws Camp, 0120 Campus Delivery Ft. Collins, CO 80523-0120

**Cancellation policy:**

$125.00 refund for any cancellations prior to June 20, 2014.

First 60 athletes to reply are guaranteed a spot.

**CAMP DISCLAIMER**

Colorado State University does not discriminate on the basis of race, age, color, religion, national origin, gender, disability, sexual orientation or veteran status in its programs and activities. Full participation of all individuals is encouraged.
In order for a student to participate in camp, we must have this form by the first day of camp.

**Release and Medical Authorization**
In order for students to participate in camp activities a parent or guardian must sign this release and medical authorization.

**Release and Liability**
In consideration of the Colorado State Throws Camp of Colorado State University granting the student permission to participate in the Throws Camp, I hereby assume all risks of his/her personal injury that may result from Throws Camp activity. As parent/guardian, I do hereby release Colorado State University, the Board of Governors of the CSU System, the Colorado State University Throws Camp, and their officers, employees, and agents and all instructors and all participants in said Throws Camp program from liability, including claims and suits at law or inequity, for injury which may result from the student taking part in Throws Camp activities.

___________________________________________
Parent/Guardian Signature Date

**Medical Authorization**
I request and authorize the proper personnel of this camp to refer to an appropriate medical facility, for treatment of illness, injury or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

___________________________________________
Camper’s Name

I agree to assume all costs related to such treatment. I understand that I will be responsible to any medical or other charges in connection with student’s attendance in this camp.

___________________________________________
Insurance Company

___________________________________________
Policy Number